

57334

CALIFORNIA HAZARDOUS WASTE MANIFEST

See reverse side for Instructions.
Please type or print clearly. Press Hard.

State Department of Health Services
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P Street, Sacramento, CA 95814

① Manifest Number 015-001076

GENERATOR

(Generator Must Complete)

③ Designated TSD Facility (Authorized to operate under an approved state program or federal program)

④ Alternate TSD Facility

SFUND RECORDS CTR
999000862

② Name Summit Co. of America

Name

Name

EPA NO.

EPA NO.

EPA NO.

Address 551 Alcoa Ave Phone No.

Address

Address

City, State, Zip Depton Ca

City, State, Zip

City, State, Zip

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA ID NO.	WEIGHT OR VOLUME	UNITS
WASTE <u>None</u>			<u>100 BBL</u>	
WASTE				

CONTAINERS NUMBER: 1

TYPE: ☐ DRUMS ☐ BAGS ☐ CARTONS
☒ TANK TRUCK ☐ DUMP TRUCK
☐ OTHER

⑥ WASTE CATEGORY 48

⑦ EX. HAZ. WASTE PERMIT NO.

⑧ GENERATING PROCESS Equipment Cleaning

LIST COMPONENTS:

⑨ A. Water

CONC. UPPER 98%

RANGE LOWER 97%

UNITS

☐ % ☐ ppm.

E.

CONC. UPPER

RANGE LOWER

UNITS

☐ % ☐ ppm.

B. Oil

CONC. UPPER 2%

RANGE LOWER 3%

☐ % ☐ ppm.

F.

☐ % ☐ ppm.

C.

☐ % ☐ ppm.

G.

☐ % ☐ ppm.

D.

☐ % ☐ ppm.

Non Hazardous Material 100 %

⑩ WASTE PROPERTIES: pH 7

☐ Toxic

☐ Flammable

☐ Corrosive/Irritant

☐ Reactive

☐ Sensitizer

☐ Carcinogen/Mutagen

⑪ PHYSICAL STATE: ☐ Solid ☒ Liquid ☐ Sludge ☐ Slurry ☐ Gas ☐ Other

⑫ SPECIAL HANDLING INSTRUCTIONS: ☐ Gloves ☐ Goggles ☐ Respirator ☐ Other

GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL
RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802

⑬

G. Walters
Signature of Authorized Agent and Title

Date Shipped

TRANSPORTER

(HAULER MUST COMPLETE)

⑭ NAME ASBURY OIL CO.

EPA NO. CAD028277036

ADDRESS 13419 Halldale Avenue PHONE NO. (213) 321-1392

CITY, STATE, ZIP Gardena, California 90249

⑮ PICK-UP DATE 12-30-80

TIME 12:30 ☐ AM ☒ PM

⑯

Signature of Authorized Agent and Title

Date

TSD FACILITY

(FACILITY-OPERATOR MUST COMPLETE)

⑰ NAME OPERATING - To - From

18 QUANTITY (If Measured) 100 Barrels

EPA NO. CAT080012014

19 STATE FEE (If Any)

PHONE NO.

⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT:

IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:

㉑ NAME

EPA NO.

㉒ HANDLING OR DISPOSAL METHOD:

☐ Surface Impoundment ☒ Landfill
☐ Injection Well ☐ Land Treatment
☐ Treatment (Specify)
☐ Recovery or Reuse ☐ Storage/Transfer

㉓

Signature of Authorized Agent and Title

Date Accepted